

Provider _____ PIN# _____

Additional ordering questions

1. What priority groups will you reach with **this** H1N1 vaccine order?
Please check all that apply, and as much as possible, indicate the proportion total patients in your practice?

Check	Priority group	Proportion of total patients in your practice
	Health care workers	
	Pregnant women	
	Caregivers of infants <6 months	
	Persons age 6 months through 24 years	
	Persons age 25 through 64 years with chronic medical conditions	

2. Considering your clinic's physical capacity (clinic hours, number of vaccinating staff, clinic space for vaccination-only services), how many doses of H1N1 vaccine can you realistically use/administer in a two-week period?
3. Are there any vaccine formulations you will be **unable to use** in your practice? *Please check all that apply.*

Check	H1N1 vaccine formulations
	0.25 ml prefilled syringe (thimerosal-free, for age 6 through 35 months)
	0.5 ml prefilled syringe (thimerosal-free, for age 3 years and older)
	Multi-dose vial (contains thimerosal)
	Intranasal, live attenuated vaccine (thimerosal-free, for age 2-49 years, healthy, not pregnant)